



Lake Stevens Police Department

Detail

Print Date/Time: 09/21/2015 14:35
Login ID: ss0080
Case Number: 2015-00013884 02371

ORI Number: Lake Stevens Police Department
WA0311900

Case Details:

Case Number: 2015-00013884 02371
Location: MARKET PL / 99TH AVE SE
LAKE STEVENS, WA 98258

Incident Type: Collision
Occured From: 09/19/2015 11:09
Occured Thru: 09/19/2015 12:25
Reported Date: 09/19/2015 11:09 Saturday

Reporting Officer ID: SS0130-Rutherford Status: Closed Status Date: 09/19/2015

Case Assignments:

Assigned Officer	Assignment Date/Time	Assignment Type	Assigned By Officer	Due Date/Time
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Associated Cases	Status	Assisting ORIs	Role
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Modus Operandi	Solvability Factors	Weight
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Total:

Offenses

No.	Group/ORI	Crime Code	Statute	Description	Counts
1	State	NR	46.52.020(4)(B)	HIT AND RUN INJURY	1



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Offense # 1

Group/ORI: State Crime Code: NR Statute: 46.52.020 (4)(B) Counts: 1 Attempt/ Commit Code: Commit

Description: HIT AND RUN INJURY
NCIC Code:

Scene Code: Hwy-Road-Alley-St-Sidewlk

Offense Date: 09/19/2015
Bias/Motivation: *None (No Bias)

Offense Status:
Arson Code:
Gang Related: No
of Adults:
Property Damage Amt.:
Domestic Circumstance:
Accosting Situation:
Gambling Motivated:
Prior Inv - Offender:
Special Circumstances:

Status Date:
Domestic Code: No
Aiding/Abetting:
of Juveniles:
Abandoned Structure:
Carjacking:
Hate Bias Indicator:
Order of Protection:
Anit-reproductive rights crime:
Precipitating Event:

Occupancy Code:
Child Abuse:
Sub-Code:
IBR Seq. No: 1
Household Status:

Premise Code:
Prior Inv - Victim:
Cargo Theft:

Offender Suspected of Using

Alcohol: No
Drugs: No
Computer: No
Aggravated Assault/ Homicide Circumstances #1:
Aggravated Assault/ Homicide Remarks #1:

Justifiable Homicide Circumstances :

Method of Entry Type:
Point of Entry:
Method of Exit Type:
Point of Exit:
Direction of Travel:
Counterfeit Type:

Victim Suspected of Using

Alcohol:
Drugs:
Computer:
Aggravated Assault/ Homicide Circumstances #2:
Aggravated Assault/ Homicide Remarks #2:

Justifiable Homicide Code

Larceny Type:

Method of Entry :
of Premises Entered :
Method of Exit :
How Left Scene:

Counterfeit Status:

Counterfeit Amount:

Subjects

Type	No.	Name	Address	Phone	Race	Sex	DOB/Age
Suspect	1	BRYANT, LASHAWNTE	103 83RD AVE SE LAKE STEVENS,WA 98258		White	Female	05/13/1995 20
Victim	2	CAMPO, MYKEAL	614 S DAVIES RD LAKE STEVENS,WA 98258	(425) 328-4412	White	Male	03/30/1989 26
Victim	1	CASPER, BRIANNE	23726 148TH AVE SE SNOHOMISH,WA 98296	(360) 421-8228	White	Female	05/08/1993 22
Witness	1	wiliams, juanita	9520 2ND ST SE 11 LAKE STEVENS,WA 98258	(425) 238-2005	White	Female	



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Subject # 1-Suspect

Primary: No
Name: BRYANT, LASHAWNTE
Address: 103 83RD AVE SE
LAKE STEVENS WA 98258
Primary Phone:
Resident Type: Resident Status:
Disposition: Date:
Race: White
Height: 5ft 5 in
Eyes: BRO
SSN:
Sex: Female
Weight: 150.0 lbs.
Hair: BRYANLA059
DOB: 05/13/1995
Build: 20
Age: 20
State: KL
Statement Type:
Custody Status:

Related Offenses

Group/ORI	Crime Code	Statute	Description
State	NR	46.52.020(4)(B)	HIT AND RUN INJURY

Related Weapons

Victim/Offender Relationship

Transported By: Extent of Injury: Hospital:
Domestic Violence: Domestic Violence Referrals: Federal Agencies Involved:
Condition: Medical Treatment:

Missing Person Information

Subject # 2-Victim

Primary: No
Name: CAMPO, MYKEAL
Address: 614 S DAVIES RD
LAKE STEVENS WA 98258
Primary Phone: (425) 328-4412
Resident Type: Resident Status:
Disposition: Date:
Victim Type: Individual
Race: White
Height: 5ft 8 in
Eyes: BLU
SSN:
Sex: Male
Weight: 155.0 lbs.
Hair: BRO
DOB: 03/30/1989
Build: 26
Age: 26
State: WA
DVL #: CAMPOMD11
4DT
Statement Type:
Custody Status:

Related Offenses

Group/ORI	Crime Code	Statute	Description
State	NR	46.52.020(4)(B)	HIT AND RUN INJURY

Related Weapons

Victim/Offender Relationship

Transported By: Extent of Injury: Hospital:
Domestic Violence: Domestic Violence Referrals: Federal Agencies Involved:
Condition: Medical Treatment:

Missing Person Information



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Subject # 1-Victim

Primary:	No	Victim Type:	Individual				
Name:	CASPER, BRIANNE	Race:	White	Sex:	Female	DOB:	05/08/1993
Address:	23726 148TH AVE SE	Height:	5ft 4 in	Weight:	145.0 lbs.	Build:	
	SNOHOMISH WA 98296	Eyes:	BLU	Hair:		Age:	22
Primary Phone:	(360) 421-8228	SSN:		DVL #:	CASPEBM077	State:	
					KH		
Resident Type:		Resident Status:		Statement Type:			
Disposition:		Date:		Custody Status:			

Related Offenses

Group/ORI	Crime Code	Statute	Description
State	NR	46.52.020(4)(B)	HIT AND RUN INJURY

Related Weapons

Victim/Offender Relationship

Transported By:	Extent of Injury:	Hospital:
Domestic Violence:	Domestic Violence Referrals:	Federal Agencies Involved:
Condition:	Medical Treatment:	

Missing Person Information

Subject # 1-Witness

Primary:	No	Race:	White	Sex:	Female		
Name:	williams, juanita	Height:	5ft 6 in	Weight:		Build:	
Address:	9520 2ND ST SE 11	Eyes:		Hair:	GRY	Age:	
	LAKE STEVENS WA 98258	SSN:		DVL #:		State:	
Primary Phone:	(425) 238-2005	Resident Status:		Statement Type:			
Resident Type:		Date:		Custody Status:			
Disposition:							

Related Offenses

Group/ORI	Crime Code	Statute	Description
State	NR	46.52.020(4)(B)	HIT AND RUN INJURY

Related Weapons

Victim/Offender Relationship

Transported By:	Extent of Injury:	Hospital:
Domestic Violence:	Domestic Violence Referrals:	Federal Agencies Involved:
Condition:	Medical Treatment:	

Missing Person Information

Arrests



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Arrest No.	Name	Address	Date/Time	Type	Age
177A	BRYANT, LASHAWNTE	103 83RD AVE SE LAKE STEVENS, WA 98258	09/19/2015 11:10	Referred	20

Arrest # 177 A
Name: BRYANT, LASHAWNTE
Address: 103 83RD AVE SE
LAKE STEVENS, WA 98258
Phone:

Date/Time: 09/19/2015 11:10
Race: White
Height: 5ft 5 in
Eyes: BRO
SSN:

Type: Referred
Sex: Female
Weight: 150.0 lbs.
Hair:
DVL#: BRYANLA059KL

Status:
DOB: 05/13/1995
Build:
Marital:
State:

Location: 103 83RD AVE SE
LAKE STEVENS, WA 98258

ID Procedure:
Age at Arrest: 20
Basis For Caution:
Alcohol Influence: No
Statement Type:

Miranda ID:
Resident Type:
Arrest Result Of:
Drug Influence: No
Statement ID:

Miranda Date/Time:
Resident Status:
Clears Case:
Resisted Arrest: No

Weapon Codes **Feature**
Other

Condition:
Transported By:

Medical Treatment:
Extent of Injury: **Hospital:**

Associated Numbers

Warrant ORI:
Booking ORI:
Court ORI:

Warrant Number:
Booking Number:
Court Case Number:

Arrest Charges

No.	Group/ORI	Crime Code	Statute	Description
1	State	NR	46.52.020(4)(B)	HIT AND RUN INJURY

Counts: 1
Domestic:
Disposition:
Court Date/Time:
Court Disposition:

Charge Date/Time: 09/19/2015 11:10
Plea:
Disposition Date:
Bond Date/Time:

Attempt/Commit: Commit
Larceny:
NCIC Code:
Other ORI: No
Court Disposition Date:

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
09/19/2015	Destroy Damage Vand	Automobile	Hyundai	Accent			
09/19/2015	Destroy Damage Vand	Automobile	Honda	Accord			



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Seq # 2

Tag Number: Item Number:
Property Codes: Property Type: Automobile Date Received: 09/19/2015
Destroy Damage UCR Value: Initial Value: \$5,000.00 Stolen Location:
Vand
Quantity: Unit of Measure: Measurement Source:
Description: Officer Remarks:
Make: Hyundai Model: Accent Style: 4-door Sedan Style Desc:
Year: 2013 OAN: Serial #: KMHCT4AE0DU5 Color: White
36799
Condition: Reg. Type: Reg. ORI: WA0311900 Reg. Number: ASW2363
Reg. State: WA Reg. Year: Reg. Date: Reg. Expiration:

Recovery Information

Location: Date: Code: Value:
RFOJ?: ORI: Recovered Address:

Associated Subjects

Type	Name	Address	Phone	Notified How	Date
Owner	CASPER, BRIANNE	23726 148TH AVE SE SNOHOMISH, WA 98296	(360) 421-8228		
Insurance Company:		Policy Number:		Lein Holder:	

Seq # 1

Tag Number: Item Number:
Property Codes: Property Type: Automobile Date Received: 09/19/2015
Destroy Damage UCR Value: Initial Value: \$2,000.00 Stolen Location:
Vand
Quantity: Unit of Measure: Measurement Source:
Description: Officer Remarks:
Make: Honda Model: Accord Style: 4-door Sedan Style Desc:
Year: 1998 OAN: Serial #: JHMEJ6679WS00 Color: Black
5123
Condition: Reg. Type: Reg. ORI: WA0311900 Reg. Number: AVM7814
Reg. State: WA Reg. Year: Reg. Date: Reg. Expiration:

Recovery Information

Location: Date: Code: Value:
RFOJ?: ORI: Recovered Address:

Associated Subjects

Type	Name	Address	Phone	Notified How	Date
Owner	BRYANT, LASHAWNTE	103 83RD AVE SE LAKE STEVENS, WA 98258			
Insurance Company:		Policy Number:		Lein Holder:	

Vehicles



Lake Stevens Police Department

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ORI Number: Lake Stevens Police Department
WA0311900

No.	Role	Vehicle Type	Year	Make	Model	Color	License Plate	State
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- ☐ Liquor Board
- ☐ Dawson Place
- ☐ Juvenile Court
- ☐ Juvenile Prosecutor
- ☐ Mental Health
- ☐ APS
- ☐ District Court
- ☐ Municipal Court
- ☐ DOL
- ☐ CPS
- ☐ Other _____
- ☐ City Attorney
- ☐ County Prosecutor
- ☐ Federal Prosecutor
- ☐ Domestic Violence Unit
- ☐ City Prosecutor
- ☐ Detectives

OfficerID: ss0130, Narrative**Initial Incident:**

On 09/19/2015 at about 1110 hours, Lake Stevens P.D. units were dispatched to an assault with a weapon at 99th Avenue SE and Chapel Hill Road. The R/P Mykeal Campo called 911 to report that a female driving a black Honda Civic flashed a handgun at him and V2) Brianne Casper. Both Campo and Casper were in Casper's Hyundai Accent with Casper being the driver. This occurred at the County Market Store located in the 300blk of 91st Avenue NE. The incident continued east on Market Place to 99th Avenue SE where a suspect vehicle rammed the victim vehicle and then fled northbound.

Upon arrival, at the Market Place location I noted a large amount of damaged vehicle parts in the roadway in the eastbound lane of Market Place at the intersection of Market Place and 99th Avenue SE. I stopped and photographed those items before contacting the R/P(s). I then contacted Campo and Casper in the parking lot of Lake Stevens Fire station 82. I immediately noted significant damage on the left rear of Casper's vehicle.

Campo and Casper completed written statements. Campo and Casper reported that they were at the County Market Store located at 91st Avenue NE and Market Place. Camps and Casper were parked just south of the south entrance of the County Market Store. They had just got into the vehicle to leave and were attempting to back out of their parking stall when the suspects black Honda went southbound though the parking lot at a high rate of speed. Campo estimated 45 MPH. The Suspect was attempting to exit onto Market Place. Campo said that she honked her horn to let the driver of the Honda to slow down. Casper said that the suspect vehicle then backed up quickly and Casper said she backed out, drove toward the west exit onto 91st Avenue NE. Casper said the suspect began to follow them. Casper said that they stopped in the parking lot. Casper and Campo described a Hispanic female that exited the vehicle and pointed a dark object at them in a stance that made Casper believe that she had a dark colored handgun. Casper later said she wasn't sure the item was a handgun but that it was a dark colored object.

Casper and Campo described the female as dark skinned Hispanic wearing red sweats with black lettering and a black tank top shirt.

Casper said that the suspect vehicle had a teenager in the passenger seat and an infant in a car seat in the back seat.

Casper said that they then drove off rapidly onto 91st Avenue NE, turned left (east) onto Market Place. Casper said they caught the green light at SR9 NE and Market Place and continued eastbound. As Campo and Casper continued driving, they noticed that the black Honda suspect vehicle was following them. Casper said that there was a white vehicle between them and the suspect black Honda. Casper said that as they were traveling on Market Place on the east side of SR9, the suspect black Honda drove around the white vehicle in the two way left turn lane. As Casper and Campo stopped for the stop sign at Market Place and 99th Avenue SE, their vehicle was struck on the left rear. Casper and Campo said that they believed they were rammed intentionally.

Casper and Campo said that the Honda then turned left and fled north on 99th Avenue NE. Casper said that the suspect had extensive damage to the right front.

A license plate (AVM7814) for the suspect vehicle was obtained by a witness on scene. That witness left a business card with Casper. The witness name was Juanita Williams. Sergeant Valvick was able to locate an address for the vehicle registered owner and he responded to that address of 103 83rd Avenue SE. Officer Irwin responded to assist Sergeant Valvick. (See Sergeant Valvick and Officer Irwin's reports for details).

Sergeant Valvick advised that he was out with a female at the address and that she was being uncooperative. I transported Campo and Casper to the address for a field show up. Upon arrival, there was a young female on the doorstep with an infant seated on her shoulders. Casper and Campo both stated that the young female was the passenger and the child was the one in the infant seat in the vehicle at the time of the collision. In the back seat of Officer Irwin's vehicle was the suspect, Bryant, Lashawnte. I pulled my vehicle a short distance away to conceal the victim from the suspect. Officer Irwin brought the suspect out of his vehicle and both Campo and Casper said that they were 100% sure that she was the suspect. I discovered that her name was Lashawnte A. Bryant 05/13/1995 and that she was the registered owner of the suspect black Honda.

I then transported Campo and Casper back to Fire Station 82. While en-route Casper began to complain of back pain from the collision while Campo began to complain of neck pain. I requested Aid 82 respond to evaluate both of them. Both were transported to the hospital for evaluation.

Casper's vehicle was left at Fire Station 82 while they were being treated. Casper and Campo completed medical records releases which are included in the case file.

Witness Juanita Williams left the scene prior to contact for her statement. Officer Irwin E-mailed Williams a statement form for her to complete.

On 09/20/2015 at about 1000 hours, I contacted W) Williams at her residence and retrieved the completed statement form. Williams


statement reads as follows:

On September 19,2015 at approximately 11:00 I was driving east on Market Place toward 99th preparing to turn right, when a black Honda passed me on the left, served around a car and collided with another car. After she rear-ended the car, she proceeded to turn left onto 99th. I assume that she was going to stop .She did not and continued north on 99th. I changed lanes myself, turned left and proceeded to follow her hoping to get a license number. I caught up to her on 99th, where she got out of the car to look at her damage. I then took a picture of her and her license plate. She said that her brakes had failed. She then said that she had already talked to the other driver and everything was alright. I advised her to return to the accident. I then returned to the accident and gave the others my business card and forward them the picture.

I recommend charges of Felony Hit and Run Attended Vehicle and 2 counts of Reckless Endangerment for the 12 year old sister and infant in the rear seat of Bryant's vehicle during the collision.

Officer R. Rutherford #130
Lake Stevens Police Department

SS Case, Officer: ss0130, Supervisor: ss0079, Merged By: ss0080

 LAKE STEVENS POLICE DEPARTMENT 2211 Grade Rd Lake Stevens, WA 98258 (425) 334-9537	Initial Case Report
	Case Report # 2015-00013884

EVENT	OCCURRED INCIDENT TYPE Collision		DATE/TIME REPORTED 09/19/2015 11:09		ASSOCIATED CASES	
	LOCATION OF OCCURRENCE Market PL		OCCURRED DATE/TIME 09/19/2015 11:09			
	Lake Stevens, WA 98258		OCCURRED THROUGH 09/19/2015 12:25			
	OFFENSES	STATUTE / DESCRIPTION				Counts
HIT AND RUN INJURY				1	Commit	
46.52.020(4)(B)						
SUBJECT	<input type="checkbox"/> NON-DISCLOSURE					
	SUBJECT TYPE Victim		NAME Adult / CASPER, BRIANNE			DOB / AGE RANGE 5/8/1993
	ADDRESS 23726 148TH AVE SE				PRIMARY PHONE (360)421-8228	
	SNOHOMISH, WA 98296				SECONDARY PHONE	
	RACE White	SEX Female	HEIGHT 5' 4	WEIGHT 145	HAIR	EYE BLU
	DL NUMBER CASPEBM077KH	DL STATE	EMPLOYER			
	<input type="checkbox"/> NON-DISCLOSURE					
	SUBJECT TYPE Victim		NAME Adult / CAMPO, MYKEAL			DOB / AGE RANGE 3/30/1989
ADDRESS 614 S dAVIES RD				PRIMARY PHONE (425)328-4412		
Lake Stevens, WA 98258				SECONDARY PHONE		
VEHICLE	RACE White	SEX Male	HEIGHT 5' 8	WEIGHT 155	HAIR BRO	EYE BLU
	DL NUMBER CAMPOMD114DT	DL STATE WA	EMPLOYER			
	PROPERTY CODE Destroy Damage Vand			YEAR 1998	COLOR Black	
	TYPE / Automobile					
	MAKE / Honda MODEL / Accord					
	PLATE AVM7814	STATE WA	VIN JHMEJ6679WS005123	VALUE 2000		
PROPERTY	DESCRIPTION					
	PROPERTY CODE					
	SERIAL NUMBER	QTY/UNIT OF MEASURE	VALUE	COLOR		
	TYPE / MAKE / MODEL /					
	DESCRIPTION					

REPORTING OFFICER / ID # Rutherford, Rich	SS0130	APPROVING SUPERVISOR Summers, Bob
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LAKE STEVENS POLICE DEPARTMENT
 2211 Grade Rd
 Lake Stevens, WA 98258
 (425) 334-9537


Initial Case Report

Case Report # **2015-00013884**

ADDITIONAL SUBJECTS

SUBJECT	<input type="checkbox"/> NON-DISCLOSURE						
	SUBJECT TYPE Suspect		NAME Adult / BRYANT, LASHAWNTE			DOB / AGE RANGE 5/13/1995	
	ADDRESS 103 83rd AVE SE LAKE STEVENS, WA 98258					PRIMARY PHONE (000)000-0000	
						SECONDARY PHONE	
	RACE White		SEX Female	HEIGHT 5' 5	WEIGHT 150	HAIR	EYE BRO
	DL NUMBER BRYANLA059KL		DL STATE		EMPLOYER		
SUBJECT	<input type="checkbox"/> NON-DISCLOSURE						
	SUBJECT TYPE Witness		NAME Adult / wiliams, juanita			DOB / AGE RANGE	
	ADDRESS 9520 2nd ST SE 1111 Lake Stevens, WA 98258					PRIMARY PHONE (425)238-2005	
						SECONDARY PHONE	
	RACE White		SEX Female	HEIGHT 5' 06	WEIGHT	HAIR GRY	EYE
	DL NUMBER		DL STATE		EMPLOYER		
SUBJECT	<input type="checkbox"/> NON-DISCLOSURE						
	SUBJECT TYPE		NAME			DOB / AGE RANGE	
	ADDRESS					PRIMARY PHONE	
						SECONDARY PHONE	
	RACE		SEX	HEIGHT	WEIGHT	HAIR	EYE
	DL NUMBER		DL STATE		EMPLOYER		
SUBJECT	<input type="checkbox"/> NON-DISCLOSURE						
	SUBJECT TYPE		NAME			DOB / AGE RANGE	
	ADDRESS					PRIMARY PHONE	
						SECONDARY PHONE	
	RACE		SEX	HEIGHT	WEIGHT	HAIR	EYE
	DL NUMBER		DL STATE		EMPLOYER		
SUBJECT	<input type="checkbox"/> NON-DISCLOSURE						
	SUBJECT TYPE		NAME			DOB / AGE RANGE	
	ADDRESS					PRIMARY PHONE	
						SECONDARY PHONE	
	RACE		SEX	HEIGHT	WEIGHT	HAIR	EYE
	DL NUMBER		DL STATE		EMPLOYER		
REPORTING OFFICER / ID # Rutherford, Rich		SS0130		APPROVING SUPERVISOR Summers, Bob			

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 LAKE STEVENS POLICE DEPARTMENT 2211 Grade Rd Lake Stevens, WA 98258 (425) 334-9537	Initial Case Report	
	Case Report # 2015-00013884	

CASE VEHICLES				
VEHICLES	VEHICLE ROLE		PLATE / STATE	REG YEAR VIN
	YEAR	TYPE / MAKE /		MODEL /
	STYLE		TOP COLOR	BOTTOM COLOR
	ADDITIONAL DESCRIPTION			
VEHICLES	VEHICLE ROLE		PLATE / STATE	REG YEAR VIN
	YEAR	TYPE / MAKE /		MODEL /
	STYLE		TOP COLOR	BOTTOM COLOR
	ADDITIONAL DESCRIPTION			

ADDITIONAL VEHICLES as PROPERTY				
VEHICLE	PROPERTY CODE		YEAR	COLOR
	Destroy Damage Vand		2013	White
	TYPE / Automobile			
	MAKE / Hyundai		MODEL / Accent	
	PLATE	STATE	VIN	VALUE
	ASW2363	WA	KMHCT4AE0DU536799	5000
DESCRIPTION				
VEHICLE	PROPERTY CODE		YEAR	COLOR
	TYPE /			
	MAKE /		MODEL /	
	PLATE	STATE	VIN	VALUE
	DESCRIPTION			
VEHICLE	PROPERTY CODE		YEAR	COLOR
	TYPE /			
	MAKE /		MODEL /	
	PLATE	STATE	VIN	VALUE
	DESCRIPTION			
VEHICLE	PROPERTY CODE		YEAR	COLOR
	TYPE /			
	MAKE /		MODEL /	
	PLATE	STATE	VIN	VALUE
	DESCRIPTION			

REPORTING OFFICER / ID #	APPROVING SUPERVISOR
Rutherford, Rich SS0130	Summers, Bob

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LAKE STEVENS POLICE DEPARTMENT
 2211 Grade Rd
 Lake Stevens, WA 98258
 (425) 334-9537

Initial Case Report

Case Report # **2015-00013884**

NARRATIVE

Initial Incident:

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Upon arrival, at the Market Place location I noted a large amount of damaged vehicle parts in the roadway in the eastbound lane of Market Place at the intersection of Market Place and 99th Avenue SE. I stopped and photographed those items before contacting the R/P(s). I then contacted Campo and Casper in the parking lot of Lake Stevens Fire station 82. I immediately noted significant damage on the left rear of Casper's vehicle.

Campo and Casper completed written statements. Campo and Casper reported that they were at the County Market Store located at 91st Avenue NE and Market Place. Camps and Casper were parked just south of the south entrance of the County Market Store. They had just got into the vehicle to leave and were attempting to back out of their parking stall when the suspects black Honda went southbound though the parking lot at a high rate of speed. Campo estimated 45 MPH. The Suspect was attempting to exit onto Market Place. Campo said that she honked her horn to let the driver of the Honda to slow down. Casper said that the suspect vehicle then backed up quickly and Casper said she backed out, drove toward the west exit onto 91st Avenue NE. Casper said the suspect began to follow them. Casper said that they stopped in the parking lot. Casper and Campo described a Hispanic female that exited the vehicle and pointed a dark object at them in a stance that made Casper believe that she had a dark colored handgun. Casper later said she wasn't sure the item was a handgun but that it was a dark colored object.

Casper and Campo described the female as dark skinned Hispanic wearing red sweats with black lettering and a black tank top shirt.

Casper said that the suspect vehicle had a teenager in the passenger seat and an infant in a car seat in the back seat.

Casper said that they then drove off rapidly onto 91st Avenue NE, turned left (east) onto Market Place. Casper said they caught the green light at SR9 NE and Market Place and continued eastbound. As Campo and Casper continued driving, they noticed that the black Honda suspect vehicle was following them. Casper said that there was a white vehicle between them and the suspect black Honda. Casper said that as they were traveling on Market Place on the east side of SR9, the suspect black Honda drove around the white vehicle in the two way left turn lane. As Casper and Campo stopped for the stop sign at Market Place and 99th Avenue SE, their vehicle was struck on the left rear. Casper and Campo said that they believed they were rammed intentionally.

Casper and Campo said that the Honda then turned left and fled north on 99th Avenue NE. Casper said that the suspect had extensive damage to the right front.

A license plate (AVM7814) for the suspect vehicle was obtained by a witness on scene. That witness left a business card with Casper. The witness name was Juanita Williams. Sergeant Valvick was able to locate an address for the vehicle registered owner and he responded to that address of 103 83rd Avenue SE. Officer Irwin responded to assist Sergeant Valvick. (See Sergeant Valvick and Officer Irwin's reports for details).

I certify or declare under the penalty of perjury under the laws of the State of Washington that the forgoing statement is true and correct. (RCW 9A.72.085)

REPORTING OFFICER / ID #

Rutherford, Rich

SS0130

APPROVING SUPERVISOR

Summers, Bob

Disclaimer: This field report should not be considered the final official police report. Any information contained within is subject to verification and/or change.

13884 Page 4 OF 5



LAKE STEVENS POLICE DEPARTMENT
 2211 Grade Rd
 Lake Stevens, WA 98258
 (425) 334-9537

Initial Case Report

Case Report # **2015-00013884**

NARRATIVE (continuation)

Sergeant Valvick advised that he was out with a female at the address and that she was being uncooperative. I transported Campo and Casper to the address for a field show up. Upon arrival, there was a young female on the doorstep with an infant seated on her shoulders. Casper and Campo both stated that the young female was the passenger and the child was the one in the infant seat in the vehicle at the time of the collision. In the back seat of Officer Irwin's vehicle was the suspect, Bryant, Lashawnte. I pulled my vehicle a short distance away to conceal the victim from the suspect. Officer Irwin brought the suspect out of his vehicle and both Campo and Casper said that they were 100% sure that she was the suspect. I discovered that her name was Lashawnte A. Bryant 05/13/1995 and that she was the registered owner of the suspect black Honda.

I then transported Campo and Casper back to Fire Station 82. While en-route Casper began to complain of back pain from the collision while Campo began to complain of neck pain. I requested Aid 82 respond to evaluate both of them. Both were transported to the hospital for evaluation.

Casper's vehicle was left at Fire Station 82 while they were being treated. Casper and Campo completed medical records releases which are included in the case file.

Witness Juanita Williams left the scene prior to contact for her statement. Officer Irwin E-mailed Williams a statement form for her to complete.

On 09/20/2015 at about 1000 hours, I contacted W) Williams at her residence and retrieved the completed statement form. Williams statement reads as follows:

On September 19, 2015 at approximately 11:00 I was driving east on Market Place toward 99th preparing to turn right, when a black Honda passed me on the left, served around a car and collided with another car. After she rear-ended the car, she proceeded to turn left onto 99th. I assume that she was going to stop. She did not and continued north on 99th. I changed lanes myself, turned left and proceeded to follow her hoping to get a license number. I caught up to her on 99th, where she got out of the car to look at her damage. I then took a picture of her and her license plate. She said that her brakes had failed. She then said that she had already talked to the other driver and everything was alright. I advised her to return to the accident. I then returned to the accident and gave the others my business card and forward them the picture.

I recommend charges of Felony Hit and Run Attended Vehicle and 2 counts of Reckless Endangerment for the 12 year old sister and infant in the rear seat of Bryant's vehicle during the collision.

Officer R. Rutherford #130
 Lake Stevens Police Department

I certify or declare under the penalty of perjury under the laws of the State of Washington that the foregoing statement is true and correct. (RCW 9A.72.085)

REPORTING OFFICER / ID #

Rutherford, Rich

SS0130

APPROVING SUPERVISOR

Summers, Bob

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13884 Page 5 OF 5

OfficerID: ss0130, Synopsis for Arrest**Initial Incident:**

On 09/19/2015 at about 1110 hours, Lake Stevens P.D. units were dispatched to an assault with a weapon at 99th Avenue SE and Chapel Hill Road. The R/P Mykeal Campo called 911 to report that a female driving a black Honda Civic flashed a hand gun at him and V2) Brianne Casper. Both Campo and Casper were in Casper's Hyundai Accent with Casper being the driver. This occurred at the County Market Store located in the 300blk of 91st Avenue NE. The incident continued east on Market Place to 99th Avenue SE where a suspect vehicle rammed the victim vehicle and then fled northbound.

Upon arrival, at the Market Place location I noted a large amount of damaged vehicle parts in the roadway in the eastbound lane of Market Place at the intersection of Market Place and 99th Avenue SE. I stopped and photographed those items before contacting the R/P(s). I then contacted Campo and Casper in the parking lot of Lake Stevens Fire station 82. I immediately noted significant damage on the left rear of Casper's vehicle.

Campo and Casper completed written statements. Campo and Casper reported that they were at the County Market Store located at 91st Avenue NE and Market Place. Camps and Casper were parked just south of the south entrance of the County Market Store. They had just got into the vehicle to leave and were attempting to back out of their parking stall when the suspects black Honda went southbound though the parking lot at a high rate of speed. Campo estimated 45 MPH. The Suspect was attempting to exit onto Market Place. Campo said that she honked her horn to let the driver of the Honda to slow down. Casper said that the suspect vehicle then backed up quickly and Casper said she backed out, drove toward the west exit onto 91st Avenue NE. Casper said the suspect began to follow them. Casper said that they stopped in the parking lot. Casper and Campo described a Hispanic female that exited the vehicle and pointed a dark object at them in a stance that made Casper believe that she had a dark colored handgun. Casper later said she wasn't sure the item was a handgun but that it was a dark colored object.

Casper and Campo described the female as dark skinned Hispanic wearing red sweats with black lettering and a black tank top shirt.

Casper said that the suspect vehicle had a teenager in the passenger seat and an infant in a car seat in the back seat.

Casper said that they then drove off rapidly onto 91st Avenue NE, turned left (east) onto Market Place. Casper said they caught the green light at SR9 NE and Market Place and continued eastbound. As Campo and Casper continued driving, they noticed that the black Honda suspect vehicle was following them. Casper said that there was a white vehicle between them and the suspect black Honda. Casper said that as they were traveling on Market Place on the east side of SR9, the suspect black Honda drove around the white vehicle in the two way left turn lane. As Casper and Campo stopped for the stop sign at Market Place and 99th Avenue SE, their vehicle was struck on the left rear. Casper and Campo said that they believed they were rammed intentionally.

Casper and Campo said that the Honda then turned left and fled north on 99th Avenue NE. Casper said that the suspect had extensive damage to the right front.

A license plate (AVM7814) for the suspect vehicle was obtained by a witness on scene. That witness left a business card with Casper. The witness name was Juanita Williams. Sergeant Valvick was able to locate an address for the vehicle registered owner and he responded to that address of 103 83rd Avenue SE. Officer Irwin responded to assist Sergeant Valvick. (See Sergeant Valvick and Officer Irwin's reports for details).

Sergeant Valvick advised that he was out with a female at the address and that she was being uncooperative. I transported Campo and Casper to the address for a field show up. Upon arrival, there was a young female on the doorstep with an infant seated on her shoulders. Casper and Campo both stated that the young female was the passenger and the child was the one in the infant seat in the vehicle at the time of the collision. In the back seat of Officer Irwin's vehicle was the suspect, Bryant, Lashawnte. I pulled my vehicle a short distance away to conceal the victim from the suspect. Officer Irwin brought the suspect out of his vehicle and both Campo and Casper said that they were 100% sure that she was the suspect. I discovered that her name was Lashawnte A. Bryant 05/13/1995 and that she was the registered owner of the suspect black Honda.

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**Officer R. Rutherford #130
Lake Stevens Police Department**

SNOHOMISH COUNTY SUPERFORM

COURT	ARREST TYPE: Referred		AGENCY: Lake Stevens Police Department		DEPUTY OFFICER/TROOPER: Rutherford, Rich		CASE #: 2015-00013884	
	<input checked="" type="checkbox"/> SUPERIOR		<input type="checkbox"/> JUVENILE		JUV#		REF#	
DISTRICT/CLERK COURT: Snohomish County Superior Court								
SUSPECT DATA	DATE AND TIME OF ARREST: 9/19/2015 11:10		BOOKING / ADMISSION DATE/TIME: / / Hours		RELEASE DATE / TIME:		IDENTITY IN DOUBT? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> EXPLAIN:	
	NAME: LAST BRYANT		FIRST LASHAWNTE		MIDDLE		DOB: 5/13/1995	
	SEX: Female	RACE: B	HGT: 5' 5	WGT: 150	HAIR:	EYES: BRO	DRIVER'S L.N: BRYANLA059KL	STATE: WA
	CDL?		SSN: 533-33-9699		Interpreter needed? No Lang:			
	LAST KNOWN ADDRESS: 103 83RD AVE SE				CITY: LAKE STEVENS		STATE: WA	
	HOME PHONE:				OTHER PHONE:		GANG AFFILIATION	
PARENT/GUARDIAN (Juveniles only)	FATHER		ADDRESS:		CITY:		ST:	ZIP:
	MOTHER		ADDRESS:		CITY:		ST:	ZIP:
	STEP: <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER		ADDRESS:		CITY:		ST:	ZIP:
	GUARDIAN /FOSTER/DSHS		ADDRESS:		CITY:		ST:	ZIP:
	FATHER'S EMPLOYER:		WORK NUMBER:		MOTHER'S EMPLOYER:		WORK NUMBER:	
	DETENTION NOTIFICATION (Youth Center Use Only)		PARENTS, GUARDIANS, CUSTODIANS NOTIFIED:					HOW:
	BY WHOM:		WHY NOT?					
	VEHICLE LICENSE NO. AVM7814		STATE: WA	EXPIRES:	VEH YR.: 1998	MAKE/MODEL: Passenger Car/Honda/Accord/Accord		STYLE: 4-door Sedan
	TRAILER #1 LICENSE:		STATE:	EXPIRES:	TR. YR.:	TRAILER #2 LICENSE:		STATE:
	OWNER / COMPANY IF OTHER THAN DRIVER: same as suspect		ADDRESS:		CITY:		STATE:	ZIP:
ACCIDENT: NO NR R <input checked="" type="checkbox"/> F		BAC READING: BAC #1 BAC #2		COMMERCIAL VEHICLE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		HAZMAT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
				EXEMPT VEHICLE: <input type="checkbox"/> FARM <input type="checkbox"/> R.V. <input type="checkbox"/> FIRE		PASS UNDER 16: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
HEALTH & SAFETY	HEALTH: <input type="checkbox"/> AUTO ACCIDENT <input type="checkbox"/> CONTAGIOUS <input type="checkbox"/> MENTAL ISSUES <input type="checkbox"/> OTHER <input type="checkbox"/> CHRONIC HEALTH ISSUES <input type="checkbox"/> INJURED <input type="checkbox"/> SUICIDAL							
	EXPLAIN:							
SUSPECT DATA	NUMBER OF CO-SUSPECTS: NAMES:							

SNOHOMISH COUNTY SUPERFORM

OFFENSE DATA	OFFENSE LOCATION: Market PL		CITY: Lake Stevens		STATE: WA		DATE AND TIME OF OFFENSE: 9/19/2015 11:10	
	ARREST LOCATION (IF DIFFERENT): 103 83rd AVE SE Lake Stevens, WA 98258		WERE DRUGS INVOLVED IN THIS INCIDENT? No IF YES, LIST DRUG(S) TYPE:			WAS ALCOHOL INVOLVED IN THIS INCIDENT? No EXPLAIN:		
	CHARGE: (i.e. Assault ⁴)							
	COUNTY OF RECORD	CLASS	WARRANT ARREST	RCW, Municipal or County Code (I.E. 9A.36.041)		Warrant or Citation #		Bail
	1	DV <input type="checkbox"/>	HIT AND RUN INJURY					
	1	SUP	Felony C	<input type="checkbox"/>	46.52.020(4)(B)			\$
	2	DV <input type="checkbox"/>						
	2			<input type="checkbox"/>				\$
	3	DV <input type="checkbox"/>						
	3			<input type="checkbox"/>				\$
VICTIM INFO - DV, VIO, TRAFFIC	NOTIFY ON RELEASE? No		IF UNABLE TO CONTACT, NOTIFY 911?		IF DV, REQUEST N.C. ORDER?		FIREARMS IN HOME? No	
	VICTIM NAME: LAST CASPER		FIRST BRIANNE		MIDDLE MARIE		DATE OF BIRTH: 05/08/1993	
	VICTIM'S ADDRESS: 23726 148th AVE SE		CITY: SNOHOMISH		STATE: WA		ZIP: 98290	
	SUSPECT RELATIONSHIP TO VICTIM Stranger		EMERGENCY / ALTERNATE CONTACT:				EMERGENCY / ALTERNATE CONTACT PHONE:	
	GUARDIAN NAME AND PHONE NUMBER (IF VICTIM IS A MINOR):				NEXT OF KIN - NAME AND PHONE NUMBER (IF VICTIM IS DECEASED):			
	TOTAL CASH:		TO JAIL PROPERTY:					
	PROPERTY IMPOUNDED TO EVIDENCE:		OTHER PROPERTY:					
SEIZED FIREARM FOR FORFEITURE? YES / NO EXPLAIN:								
OBJECTIONS TO RELEASE	WILL LIKELY FAIL TO APPEAR FOR FURTHER PROCEEDINGS: No				WILL INTIMIDATE OR INTERFERE WITH ADMINISTRATION OF JUSTICE: No			
	DETENTION REQUIRED TO PROTECT ARRESTEE FROM HERSELF/HIMSELF: No				COMMITTED A CRIME WHILE ANOTHER CASE IS PENDING: No			
	DESCRIBE RELATION TO VIC: Stranger		ASSAULTIVE: Yes		PHYSICAL INJURY TO VICTIM / WITNESS / OFFICER: Yes			
	WEAPONS INVOLVED? Yes EXPLAIN:				DANGER / THREAT TO COMMUNITY IF RELEASED? No			
	U.S. CITIZEN? Yes		OTHER (PTA, LACK OF COMMUNITY TIES, ETC.)					
	REASON: Vehicle collision, possible intentional during road rage incident. Victims complained of back and neck pain							
PHYSICAL EVIDENCE	CONTROLLED SUBSTANCE		TYPES & AMOUNTS (WEIGHTS)					
	WEIGHED AND FIELD TESTED?		YES / NO					
	WEIGHED AND FIELD TESTED?		YES / NO					
	WEIGHED AND FIELD TESTED?		YES / NO					
	VEHICLE INFORMATION STOLEN VEH. REPORT ATTACHED? YES / NO		FAIR MARKET VALUE: \$		PROPERTY (Stolen, Recovered, Damaged, Etc.)			FAIR MARKET VALUE \$

Suspect's Name: **BRYANT, LASHAWNTE**Case #: **2015-00013884**

Rev

04 03 2015

SNOHOMISH COUNTY SUPERFORM

Synopsis / PC for Arrest

(Include all elements of the crimes, date of violation, and location of crimes)

Initial Incident:

On 09/19/2015 at about 1110 hours, Lake Stevens P.D. units were dispatched to an assault with a weapon at 99th Avenue SE and Chapel Hill Road. The R/P Mykeal Campo called 911 to report that a female driving a black Honda Civic flashed a handgun at him and V2) Brianne Casper. Both Campo and Casper were in Casper's Hyundai Accent with Casper being the driver. This occurred at the County Market Store located in the 300blk of 91st Avenue NE. The incident continued east on Market Place to 99th Avenue SE where a suspect vehicle rammed the victim vehicle and then fled northbound.

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I certify or declare under the penalty of perjury under the laws of the State of Washington that the foregoing statement is true and correct. (RCW 9A.72.085)			
OFFICER'S NAME: Rutherford, Rich		PER: SS0130	CONTACT: _____
OFFICER'S SIGNATURE: _____		TRANSPORT OFFICER: _____	
Snohomish County		9/20/2015	PRECINCT STATION: _____
Location signed: City		State	Date
This document was submitted to the Snohomish County Prosecutor's Office on a device that is owned, issued, or maintained by a criminal justice agency.			
(B) CLEARANCE (ONE) <input type="checkbox"/> JARR/A <input type="checkbox"/> EXC/A <input type="checkbox"/> INSUFF/CLO <input type="checkbox"/> JARR/J <input type="checkbox"/> EXC/J <input type="checkbox"/> OTHER/CLO		COPIES MADE FOR <input type="checkbox"/> PA <input type="checkbox"/> CPS <input type="checkbox"/> JUV <input type="checkbox"/> DET PREC # CTH # SPEC <input type="checkbox"/> PAT <input type="checkbox"/> DSHS <input type="checkbox"/> MH <input type="checkbox"/> OTHER	
Rev 2-24-2013		DATA ENTRY	Approved By: _____

SNOHOMISH COUNTY SUPERFORM

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(Include all elements of the crimes, date of violation, and location of crimes)

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Officer R. Rutherford #130
Lake Stevens Police Department

I certify or declare under the penalty of perjury under the laws of the State of Washington that the foregoing statement is true and correct. (RCW 9A.72.085)									
OFFICER'S NAME: <u>Rutherford, Rich</u>			PER: <u>SS0130</u>		CONTACT: _____		TRANSPORT OFFICER: _____		
OFFICER'S SIGNATURE: _____			Snohomish County, WA		9/20/2015		PRECINCT/STATION: _____		
Location signed: City _____ State _____ Date _____									
This document was submitted to the Snohomish County Prosecutor's Office on a device that is owned, issued, or maintained by a criminal justice agency.									
TBR CLEARANCE (ONE)		INSUFF / CLO		COPIES MADE FOR		DATA ENTRY		Approved By:	
<input type="checkbox"/> ARR/A	<input type="checkbox"/> EXC/A	<input type="checkbox"/> OTHER / CLO	<input type="checkbox"/> PA	<input type="checkbox"/> CRS	<input type="checkbox"/> JUV	<input type="checkbox"/> DET	<input type="checkbox"/> PREC	<input type="checkbox"/> CTH	<input type="checkbox"/> SPEC
<input type="checkbox"/> ARR/J	<input type="checkbox"/> EXC/J	<input type="checkbox"/> UNF	<input type="checkbox"/> PAT	<input type="checkbox"/> DSHS	<input type="checkbox"/> MH	<input type="checkbox"/> OTHER			
Rev. 2/24/2015									



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E463127**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input checked="" type="checkbox"/>

TRIBAL RESERVATION

CASE #	15-02371
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LOCAL AGENCY CODING

TOTAL # OF UNITS	02	OBJECT STRUCK
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DATE OF COLLISION	09	19	2015	TIME (2400)	1109	COUNTY #	31	MILES	N	E	IN	0664
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ON (PRIMARY TRAFFIC WAY) INTERSECTION ☒ NON-INTERSECTION ☐

MARKET PLACE	BLOCK NO.	9900
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DISTANCE	MILES	N	E	OF (REFERENCE OR CROSS STREET)	99TH AVENUE SE
----------	-------	----------	----------	--------------------------------	-----------------------

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	D: 3604218228
---------	---	--------------------------------------	----------------------	---	-------	----------------------

LAST NAME	CASPER	FIRST NAME	BRIANNE	MIDDLE INITIAL	M
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STREET NEW ADDRESS	23726 148TH AVE SE
--------------------	---------------------------

CITY	SNOHOMISH	ST	WA	ZIP	982965469
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	CASPEBM077KH	STATE	WA	SEX	F	D.O.B.	05	08	1993
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	9	EJECT	1	HELMET USE	7	NATURE OF INJURIES	BACK PAIN
----------------------------------	--------	--------	----------	--------	----------	-------	----------	------------	----------	--------------------	------------------

LICENSE PLATE #	ASW2363	STATE	WA	VIN#
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
-----------------	-------	-----------------	-------

VEH. YEAR	2013	MAKE	HYUN	MODEL	ACCENT	STYLE	P4	VEHICLE TOWED	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-----------	-------------	------	-------------	-------	---------------	-------	-----------	---------------	---	----------	---------------	---

REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	VEHICLE LEGALLY STANDING	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
--	-------------------------	--------------------------	---	------------	--------



UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE
---------	---	--------------------------------------	-------------------------------------	---	----------------------	---	-------

LAST NAME	BRYANT	FIRST NAME	LASHAWNTE	MIDDLE INITIAL	A
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STREET NEW ADDRESS	103 83RD AVENUE SE
--------------------	---------------------------

CITY	LAKE STEVENS	ST	WA	ZIP	98258
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	BRYANLA059KL	STATE	WA	SEX	F	D.O.B.	05	13	1995
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	9	EJECT	1	HELMET USE	9	INJURY CLASS	1	NATURE OF INJURIES
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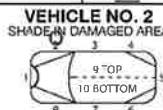
LICENSE PLATE #	AVM7814	STATE	WA	VIN#	JHMEJ6679WS005123
-----------------	----------------	-------	-----------	------	--------------------------

TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	1998	MAKE	HOND	MODEL	ACCORD	STYLE	P4	VEHICLE TOWED	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-----------	-------------	------	-------------	-------	---------------	-------	-----------	---------------	---	----------	---------------	---

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	VEHICLE LEGALLY STANDING	YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
---	-------------------------	--------------------------	--	------------	--------



OFFICER'S NAME (PRINT)	R. RUTHERFORD	BADGE OR ID #	130	AGENCY	WA0311900
------------------------	----------------------	---------------	------------	--------	------------------



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E463127**

CASE # **15-02371**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

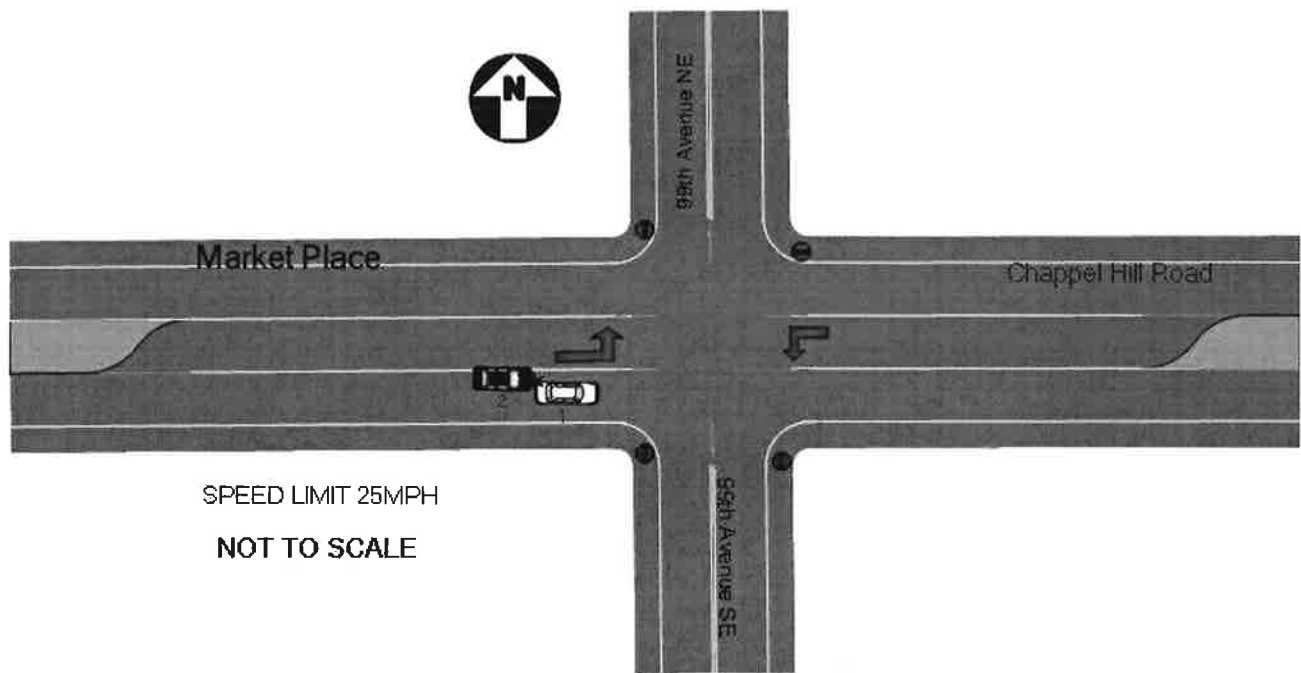
NAME (LAST, FIRST, MIDDLE INITIAL)		CAMPO MYKEAL D																
ADDRESS & PHONE #		3333 164TH ST SW APT 1211 LYNNWOOD WA 980873180																
		SEX	M	D.O.B. MMDDYYYY	03	-		30	-		1989							
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	1	SEAT POS.	3	AIRBAG	2	RESTR.	9	EJECT	1	HELMET USE		INJURY CLASS	7	NATURE OF INJURIES NECK PAIN
NAME (LAST, FIRST, MIDDLE INITIAL)		WILLIAMS JUANITA																
ADDRESS & PHONE #		430 91ST AVENUE NE #6 LAKE STEVENS WA 98258 4252382005																
		SEX	F	D.O.B. MMDDYYYY		-			-									NATURE OF INJURIES
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #																		
		SEX		D.O.B. MMDDYYYY		-			-									NATURE OF INJURIES
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

09/19/15 Vehicle 1 and Vehicle 2 were involved in a road rage incident with Vehicle 2 being the aggressor. Vehicle 2 followed vehicle 1 and rear ended it. Impact was with right front of vehicle 2 to left rear of vehicle 1. Driver and passenger of vehicle 1 complained of neck and back pain. Both were transported to the hospital for evaluation.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

R. RUTHERFORD		09-20-15 09:39 AM					
INVESTIGATING OFFICER'S SIGNATURE		UNIT OR DIST. DET	DATED	PLACE SIGNED			
APPROVED BY		DATE					
BOB SUMMERS 079		9/21/2015 12:16:24 AM					
BADGE OR ID #	130	ORI #	WA0311900	TIME POLICE DISPATCHED	11:10 AM	TIME POLICE ARRIVED	11:13 AM



LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

15-2321

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Campo Myheal David	RACE W	ETH	SEX M	DOB 03-30-89	AGE 26	HGT 5'7"	WGT 155	HAIR Brown	EYES Blue
STREET ADDRESS 6145 Davies RD		CITY Lake Stevens			STATE WA		ZIP 98296	RES. STATUS Rent		
HOME PHONE		CELL PHONE 425 328 4417			PLACE OF EMPLOYMENT mm comfort systems					
WORK PHONE		EMAIL ADDRESS								

I, Myheal Campo, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

We were pulling out of the country market when a black honda civic speeding about 45 mph came through the parking lot and came back around through the lot back to Taco Bell where she got out of the car and chased us down the road and hit us at the stop sign and speed off left.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED	LOCATION SIGNED
OFFICER/NUMBER [Signature]	DATE SIGNED 9-19-15	LOCATION SIGNED 42-501 LSPD ORIGINAL

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE ___ OF ___

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

15-02371

<div style="display: flex; justify-content: space-between;"> Branne VICTIM / WITNESS </div>														
NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) BRANNE CASPER M				RACE W	ETH	SEX M	DOB 5-8-93	AGE 22	HGT 5	WGT	HAIR	EYES	
STREET ADDRESS 23724 140th Ave SE					CITY Shoreline			STATE		ZIP		RES. STATUS		
HOME PHONE 360 421 8228					CELL PHONE			PLACE OF EMPLOYMENT						
WORK PHONE					EMAIL ADDRESS									

I, Branne Casper, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

at carlymarket a hispanic women sped behind me going 45mpH when I was backing up so I honked she then honked came around got out of car and held what looked like a gun I drove away when she was parked she followed me and came @ going 50-60 on 99th ave and hit me head on at the stop sign and sped off she had a baby in the back and a teen in the front.

She came up on me like she ment to harm and hurt us.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT		
SIGNATURE: 	DATE SIGNED	LOCATION SIGNED
OFFICER/NUMBER: [Signature]	DATE SIGNED 9-19-15	LOCATION SIGNED Lake Stevens

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE ___ OF ___

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

15-02371

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Williams, Juanita Louise	RACE	ETH	SEX	DOB	AGE	HGT	WGT	HAIR	EYES
STREET ADDRESS 9520 2 ND ST SE #11		CITY LAKE STEVENS				STATE WA	ZIP 98258		RES. STATUS	
HOME PHONE		CELL PHONE 425-238-2005				PLACE OF EMPLOYMENT WILLIAMS REAL ESTATE BROKERS				
WORK PHONE 425-334-1600		EMAIL ADDRESS juanita@williamsbrokers.com								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CHECK ONE) ☐ RESIDENCE, ☐ PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

On September 19, 2015 at approximately 11:00 I was driving east on Market Place toward 99th, preparing to run right, when a black honda passed me on the left, swerved around a car and collided with another car. After she rear-ended the car, she proceeded to turn left onto 99, I assumed that she was going to stop. She did not and continued north on 99th. I changed lanes myself, turned left and proceeded to follow her hoping to get a license number. I caught up with her on 98th, where she got out of the car to look at her damage. I then took a picture of her and her license plate. She said that her brakes had failed. She said that she had already talked to the other driver and everything was alright. I advised her to return to the accident. I then returned to the accident and gave the others my business card and forwarded them the picture.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED 9/19/15	LOCATION SIGNED Lake Stevens WA
OFFICER/NUMBER: 	DATE SIGNED 9-20-15	LOCATION SIGNED

LSPD
ORIGINAL



LSPD
ORIGINAL

Authorization for Disclosure of Health Care Information

Patient/Client name: X Mykeal Campo Date of birth: X 03-30-1989
Previous name(s): _____ SSN: X 541-29-0538

I. My Authorization

You, X Mykeal Campo [insert name of doctor or facility], may disclose the following health care information:

All health care information in my medical, social and/or psychological record (excluding psychotherapy notes) with respect to any illness or injury, medical history, consultation, diagnosis, prescriptions or treatment, and copies of all hospital and medical records, including x-rays and other diagnostic imaging films during the time period from _____ to _____. I also specifically authorize you to release those records relating to drugs, alcohol and HIV/AIDS, if any.

You may disclose this health care information to: Lake Stevens Police Department

2211 Grade Road

Lake Stevens, Washington 98258

Reason(s) for this authorization:

- [☒] At my request.
[☒] For use in legal proceeding and/or investigation.

This authorization ends: ☐ 90 days from the date signed
☐ on _____ (insert date)
☐ when the following event occurs _____
(no longer than 90 days from date signed)

II. My Rights

- I understand I do not have to sign this authorization in order to get health care benefits (treatment, payment or enrollment); however, I do have to sign an authorization form to take part in a research study or to receive health care when the purpose is to create health care information for a third party.
- I may revoke this authorization by providing my request to revoke, in writing, to the facility named above. A revocation would not affect any actions already taken by the facility named above based upon this authorization.
- I understand that information used or disclosed based on this authorization may be subject to redisclosure and no longer protected by federal privacy standards.

X Mykeal Campo
Patient or legally authorized individual signature

X sept 19 2015
Date

Printed Name if signed on behalf of the patient

Relationship (parent, legal guardian, personal representative, etc.)

Authorization for Disclosure of Health Care Information

Patient/Client name: Branne Casper Date of birth: 5-08-93
Previous name(s): _____ SSN: 539-27-3782

I. My Authorization

You, Branne Casper [insert name of doctor or facility], may disclose the following health care information:

All health care information in my medical, social and/or psychological record (excluding psychotherapy notes) with respect to any illness or injury, medical history, consultation, diagnosis, prescriptions or treatment, and copies of all hospital and medical records, including x-rays and other diagnostic imaging films during the time period from _____ to _____. I also specifically authorize you to release those records relating to drugs, alcohol and HIV/AIDS, if any.

You may disclose this health care information to: Lake Stevens Police Department
2211 Grade Road
Lake Stevens, Washington 98258

Reason(s) for this authorization:

- ☒ At my request.
☐ For use in legal proceeding and/or investigation.

This authorization ends: ☒ 90 days from the date signed
☐ on _____ (insert date)
☐ when the following event occurs _____
(no longer than 90 days from date signed)

II. My Rights

- I understand I do not have to sign this authorization in order to get health care benefits (treatment, payment or enrollment); however, I do have to sign an authorization form to take part in a research study or to receive health care when the purpose is to create health care information for a third party.
- I may revoke this authorization by providing my request to revoke, in writing, to the facility named above. A revocation would not affect any actions already taken by the facility named above based upon this authorization.
- I understand that information used or disclosed based on this authorization may be subject to redisclosure and no longer protected by federal privacy standards.

Branne Casper
Patient or legally authorized individual signature

Printed Name if signed on behalf of the patient

09-19-2015
Date

Relationship (parent, legal guardian, personal representative, etc.)

15-02371



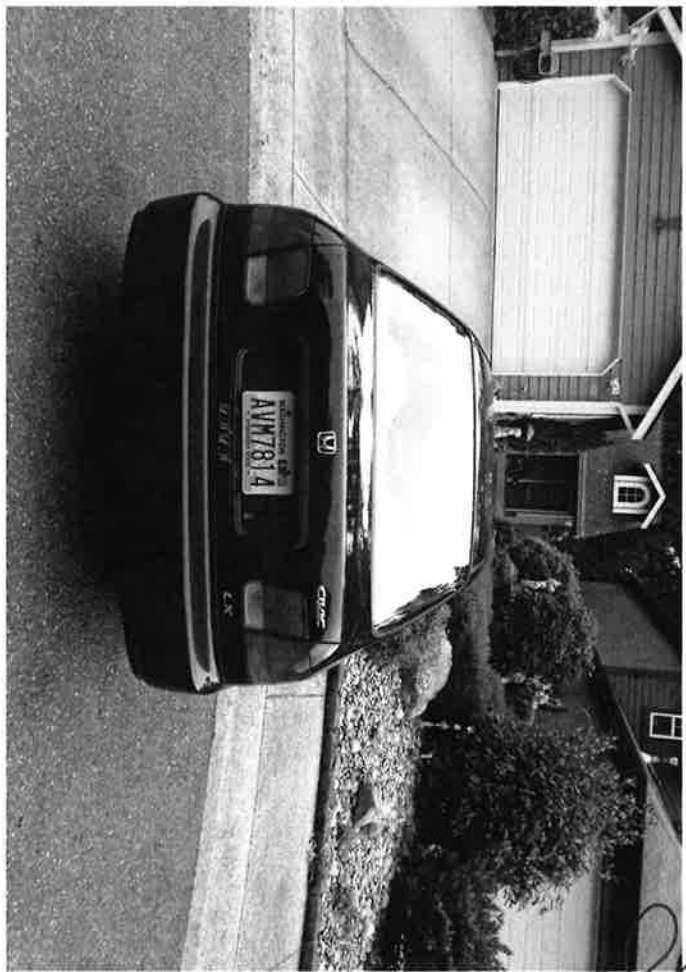
001021440072037346090001825

GEICO **RECUR**

GEICO Secure Insurance Company

Policy Number & Period

Auto
Policy #4400-72-03-73
Jul-02-15 to Jan-02-16



ORIGINAL
LSPD
DPS1

2/1/14



LSPD
ORIGINAL

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Hiet

15-02371



LSPD
ORIGINAL

8/65 4/4



for

ALL WAY

15-023311



15-60311



15-0-25)



WILLIAMS REAL ESTATE BROKERS

Office: 416-491-1111 • Fax: 416-491-1112
Cell: 416-491-1113 • Email: info@williamsrealty.com



Juanita Williams
Managing Broker
Cell: 416-491-1113

Juanita Williams
www.williamsrealty.com
www.homes.com

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ORIGINAL



15-0371



15-02371



15-02371



15-02371

LAKE STEVENS POLICE EVIDENCE DIVISION		Primary Officer/Badge Number DEBOW #105		Case Number 15-02371	
Type of Crime: <u>Felony / Misdemeanor (Circle)</u>		Crime: HIT + RUN		Date/Time: 09/19/15	
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING		*Evidence will be held until court disposition or when the Statute of Limitations has expired *Found and Safekeeping will be held for 60 days or 60 days past owner notification			

Item # DI-1	Item CD Brand Name CONTAINS DIGITAL IMAGES OF				Storage Location
	Brand/Model/Caliber (Further Description) SUSPECT AND SUSPECT VEHICLE				
	Serial #		Where Found		
Action # 3	Weight of Narcotic				
Owner's Name Address City State Zip Phone #					Barcode goes here
Other remarks /additional information/ special instructions					

Item #	Item Brand Name				Storage Location
	Brand/Model/Caliber (Further Description)				
	Serial #		Where Found		
Action #	Weight of Narcotic				
Owner's Name Address City State Zip Phone #					Barcode goes here
Other remarks /additional information/ special instructions					

Item #	Item Brand Name				Storage Location
	Brand/Model/Caliber (Further Description)				
	Serial #		Where Found		
Action #	Weight of Narcotic				
Owner's Name Address City State Zip Phone #					Barcode goes here
Other remarks /additional information/ special instructions					

Item #	Item Brand Name				Storage Location
	Brand/Model/Caliber (Further Description)				
	Serial #		Where Found		
Action #	Weight of Narcotic				
Owner's Name Address City State Zip Phone #					Barcode goes here
Other remarks /additional information/ special instructions					

Item #	Item Brand Name				Storage Location
	Brand/Model/Caliber (Further Description)				
	Serial #		Where Found		
Action #	Weight of Narcotic				
Owner's Name Address City State Zip Phone #					Barcode goes here
Other remarks /additional information/ special instructions					

Evidence Control Use Only:					
Received by Evidence:		NCIC/WACIC <input checked="" type="checkbox"/> Date:	CAD/RMS Checked		
Name: _____ # _____		NCIC/WACIC + Date:	Owner Letter Sent:		
Date: _____ Time: _____		NCIC/WACIC - Date:	Owner Letter Sent:		

**LSPD
ORIGINAL**

LAKE STEVENS POLICE EVIDENCE DIVISION		Primary Officer/Badge Number <i>W. H. Ford #130</i>		Case Number <i>15-02371</i>	
Type of Crime: <u>Felony / Misdemeanor (Circle)</u>		Crime: <i>HIT AND RUN</i>		Date/Time: <i>09-19-15</i>	
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING		*Evidence will be held until court disposition or when the Statute of Limitations has expired *Found and Safekeeping will be held for 60 days or 60 days past owner notification			

Item # <i>1</i>	Item <i>Photo CD</i>		Brand Name		Storage Location		
	Brand/Model/Caliber (Further Description)						
	Action # <i>3</i>	Serial #	Where Found	Weight of Narcotic			
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Other remarks /additional information/ special instructions							

Item #	Item		Brand Name		Storage Location		
	Brand/Model/Caliber (Further Description)						
	Action #	Serial #	Where Found	Weight of Narcotic			
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Other remarks /additional information/ special instructions							

Item #	Item		Brand Name		Storage Location		
	Brand/Model/Caliber (Further Description)						
	Action #	Serial #	Where Found	Weight of Narcotic			
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Other remarks /additional information/ special instructions							

Item #	Item		Brand Name		Storage Location		
	Brand/Model/Caliber (Further Description)						
	Action #	Serial #	Where Found	Weight of Narcotic			
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Other remarks /additional information/ special instructions							

Item #	Item		Brand Name		Storage Location		
	Brand/Model/Caliber (Further Description)						
	Action #	Serial #	Where Found	Weight of Narcotic			
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Other remarks /additional information/ special instructions							

Evidence Control Use Only:					
Received by Evidence:		NCIC/WACIC <input checked="" type="checkbox"/> Date:	CAD/RMS Checked		
Name: _____ # _____		NCIC/WACIC + Date:	Owner Letter Sent:		
Date: _____ Time: _____		NCIC/WACIC - Date:	Owner Letter Sent:		

LSPD
ORIGINAL

Incident History for: #SS15018945 Xref: #AG15002941

Case Numbers: \$SS15002371

Entered 09/19/15 11:09:25 BY SPCT03 SP0298

Dispatched 09/19/15 11:10:23 BY SPDP17 SP0326

Enroute 09/19/15 11:10:23

Onscene 09/19/15 11:13:43

Closed 09/19/15 12:25:58

Initial Type: ASLTW Initial Alarm Level: Final Alarm Level:

Final Type: ASLTW (ASSAULT, WEAPON INVOLVED) Pri: E Dispo: H

Police BLK: SS003 Fire BLK: AG1519 Map Page: 397F-1 Group: SS1 Beat: SOUT

Src: T

Loc: 99 AV SE/CHAPEL HILL RD , LKS (V)

Loc Info:

Name: CAMPO, MICHEAL

Addr:

Phone: 4253284417

/1109 (SP0298) ENTRY , CC, F DRIVING BLK HONDA CIVIC 4DR FLASHED GUN &
HIT RP VEH
/1110 SUPP TXT: LSH NB, DRIVER HFA, BLK CURLY HAIR WRG GRN
TANK SHIRT , CHILD IN BK SEAT
/1110 (SP0326) AGCADV , AIR CLOSED
/1110 DISPER 19D1 #SS105 IRWIN, OFFICER (DENNIS)
/1110 ASSTER 19S11 #SS71 VALVICK, SGT (CRAIG)
/1110 BCST Urgent Broadcast Sent
/1110 (SP0298) SUPP TXT: L/AVM7814, RP GOT PLATE FROM WITN,
/1111 (SP0326) ASSTER 19D3 #SS130 RUTHERFORD, OFCR (RICH)
/1111 MISC 19S11 , AIR OPEN
/1111 (SP0298) SUPP TXT: WAS SPEEDING THRU PLOT NEARBY B/4 HITTING R
P VEH, BLK HAND GUN
/1111 (SS130) REMINQ 19D3 MDTVEH, AVM7814, , WA, , , , , , , , ,
/1112 (SP0298) SUPP NAM: CAMPO, MICHEAL,
PHO: 4253284417,
TXT: NON INJ, RP PKD IFO FIRE STA IN WHI HYUNDA
ACCENT
/1113 SUPP TXT: WITNESS TELLING RP THAT SUS PKD IN NABORHOO
D JUST NO INTERSECTION
/1113 (SP0326) NEWLOC 19D3 [FRONTIER VILLAGE AC]
/1114 (*****) REMINQ 19S11 BRYANT. LASHAWNTE. A. 05131995. .
/1114 (SP0326) REMINQ 19S11 NAME, 19S11, BRYANT, LASHAWNTE, A, 05131995, ,
/1116 ONSCNE 19D3
/1116 MISC 19D3 , EXTENSIVE DAMAGE
/1117 (*****) REMINQ 19D3 CAMPO. MICHAEL. . 03301989. .
/1117 (SP0326) REMINQ 19D3 NAME, 19D3, CAMPO, MICHAEL, , 03301989, ,
/1117 NEWLOC 19D1 [AC]
/1119 (SS130) REMINQ 19D3 MDTVEH, B23327K, , WA, , , , , , , , ,
/1121 (SS71) *ONSCNE 19S11
/1122 (*****) REMINQ 19D3 ATL6202
/1122 (SP0326) REMINQ 19D3 LIC, 19D3, ATL6202, , ,
/1122 CONTCT 19D3 Contact in 10 Minutes
/1123 CONTCT 19D1 Contact in 10 Minutes
/1124 NEWLOC 19D1 [TARGET PKLOT]
/1125 NEWLOC 19D3 [AC]
/1125 NEWLOC 19S11 [AC]
/1128 NEWLOC 19S11 [103 83 AVE SE]
/1128 CHGLOC 19D1 [103 83 AVE SE]
/1130 MISC 19S11 , W/SUS
/1131 (SP0297) MISC 19S11 , 1 UNCOOPERATIVE.
/1132 CHGLOC 19D3 [103 83 AV SE]
 , W/ 2 WITNESSES

LSPD
ORIGINAL

/1132	ONSCNE	19D1	
/1133	MISC	19D3	, SUS DESCRIBED IS WRING RED SWEATS AND BLK SHIRT
/1136	MISC	19D1	, MIRANDA READ
/1145	ONSCNE	19D3	
/1146	MISC	19D3	, WITNESSES ID' ED SUS 100%
/1146	NEWLOC	19D3	[99 AV SE/CHAPEL HILL RD , LKS]
			, W/ WITNESSES
/1146	CONTCT	19S11	Contact in 10 Minutes
/1146	OK	19D1	
/1149	MISC	19D3	, HAVE STA 82 MEET US IN PLOT, SUBJ COMPLAINING O F PAIN
/1149	ONSCNE	19D3	
/1150	CROSS		#AG15002941
/1150	NEWLOC	19D3	[STA 82]
/1157	CONTCT	19S11	Contact Timer Canceled , C4NF
/1157	OK	19D3	
/1204	(SS71) CLEAR	19S11	
/1204	(SP0326) MISC	19D1	, SUBJ RELSD BACK TO HOUSE
/1205	CHGLOC	19D1	[CLEAR SCENE]
/1206	(SS130) REMINQ	19D3	MDTVEH, ASW2363, , WA, , , , , , , , ,
/1209	(SP0326) ASNCAS	19D3	\$SS15002371
/1210	(*****) REMINQ	19D3	CAMPO. MICHAEL. . 03301989. .
/1210	(SP0326) REMINQ	19D3	NAME, 19D3, CAMPO, MICHAEL, , 03301989, ,
/1212	(SS105) *MISC	19D1	, AMV7814
/1213	*MISC	19D1	, BRYANT, LASHAWNTE ANTONIA 05-13-1995
/1214	*MISC	19D1	, GEICO INSURANCE 4400 72 03 73 EXPIR 010216
/1219	(SS130) *CLEAR	19D3	D/H
/1225	(SP0326) CLEAR	19D1	
/1225	CLOSE	19D1	

**LSPD
ORIGINAL**